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#16
W-Yamamoto
10/9/02

**REQUEST
FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL**

Address to:
Commissioner for Patents
Box RCE
Washington, DC 20231

Application Number	09/067,721
Filing Date	April 28, 1998
First Named Inventor	Takuro Yamamoto
Group Art Unit	2611
Examiner Name	Vivek Srivastava
Attorney Docket No.	A3156.0003/P003

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

a. Previously submitted

- Consider the amendment(s)/reply under 37 CFR 1.116 previously filed on _____ July 29, 2002
(Any unentered amendment(s) referred to above will be entered).
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- Other _____

b. Enclosed

- Amendment/Reply
- Affidavit(s)/Declaration(s)
- Information Disclosure Statement (IDS)
- Other _____

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2. Miscellaneous

a. Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. Other _____

3. Fees The RCE fee under 37 CFR 1.17 (e) is required by 37 CFR 1.114 when the RCE is filed.

a. The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. _____

- RCE fee required under 37 CFR 1.17(e)
- Extension of time fee (37 CFR 1.136 and 1.17)
- Other _____

b. Check in the amount of \$ _____ enclosed

c. Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

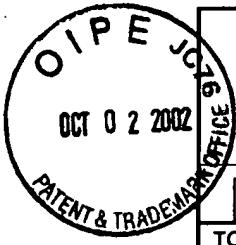
Name (Print/Type)	Steven S. Rubin	Registration No. (Attorney/Agent)	43,063
Signature			Date
			October 2, 2002

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 740.00)
Complete if Known

Application Number	09/067,721
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Examiner Name	Vivek Srivastava
Group Art Unit	2611
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METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 50-2215

Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP

The Commissioner is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Credit any overpayments
 Charge any additional fee(s) during the pendency of this application
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	400	216	200
117	920	217	460
118	1,440	218	720
128	1,960	228	980
119	320	219	160
120	320	220	160
121	280	221	140
138	1,510	138	1,510
140	110	240	55
141	1,280	241	640
142	1,280	242	640
143	460	243	230
144	620	244	310
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	740	246	370
149	740	249	370
179	740	279	370
169	900	169	900
Other fee (specify)		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3) (\$ 740.00)	

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility filing fee	
106	330	206	165	Design filing fee	
107	510	207	255	Plant filing fee	
108	740	208	370	Reissue filing fee	
114	160	214	80	Provisional filing fee	
SUBTOTAL (1) (\$ 0.00)					

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
	-** =		
Independent Claims	-** =		
Multiple Dependent		=	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	84	202	42	Independent claims in excess of 3
104	280	204	140	Multiple dependent claim, if not paid
109	84	209	42	** Reissue independent claims over original patent
110	18	210	9	** Reissue claims in excess of 20 and over original patent
SUBTOTAL (2) (\$ 0.00)				

**or number previously paid, if greater; For Reissues, see above

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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Steven S. Rubin	Registration No. (Attorney/Agent)	43,063	Telephone (212) 896-5470
Signature			Date	October 2, 2002